

# Pick Up Pharmacy Clinic Room

## Inspection report

20-21  
Broadway Parade, Coldharbour Lane  
Hayes  
UB3 3HF  
Tel: 02073108458

Date of inspection visit: 20 February 2023  
Date of publication: 17/05/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Pick Up Pharmacy Clinic Room is a phlebotomy service operated by HSIP Ltd (phlebotomy is the process of using a needle to take blood from a patient's vein, with this blood sample then being sent to an off-site laboratory for testing). Patients are referred from a private doctor service, a third party online phlebotomy service or physically attend the service on a walk in basis. Pick Up Pharmacy Clinic Room is a low volume service currently seeing less than 5 patients per month.

Pick Up Pharmacy Clinic Room has a Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an announced comprehensive inspection at Pick Up Pharmacy Clinic Room on 20 February 2023 as part of our inspection programme.

## **Our key findings were:**

- We saw isolated instances where blood test results for walk in patients were interpreted and fed back by a pharmacist as opposed to a medical doctor. When we highlighted risks, leaders told us the service would immediately cease this approach and that doctor led medical interpretation would be undertaken for all test results received by the service.
- There were clearly defined and embedded systems and processes to keep patients safe and safeguarded from abuse.
- The service was tailored to meet patients' needs and delivered in a way to ensure flexibility, choice and continuity of care.
- We saw evidence of quality improvement activity. For example, NHS quality improvement tools had been used to improve patient safety.
- Governance arrangements supported drove the delivery of high-quality person-centred care.

The areas where the provider **should** make improvements are:

- Take action to undertake periodic water temperature monitoring.
- Take action to ensure that annual basic life support training is up to date.
- Take action to amend its statement of purpose document to ensure it reflects current activity.
- Take action to review arrangements for contracting locum pharmacists.

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

## Background to Pick Up Pharmacy Clinic Room

### **Background to Pick Up Pharmacy Clinic Room**

Pick Up Pharmacy Clinic Room operates from a rented high street pharmacy consultation room located at 20-21 Broadway Parade, Coldharbour Lane, Hayes UB3 3HF. The service is provided by HSIP Ltd who employ two clinical pharmacists working Monday to Friday 9:00am to 5:00pm. Patients are referred from a private doctor service, a third party online phlebotomy service or attend the service on a walk in basis. Pick Up Pharmacy Clinic Room is a low volume service currently seeing less than five patients per month.

Pick Up Pharmacy Clinic Room is registered with the Care Quality Commission to carry out the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures.

# Are services safe?

## **We rated safe as Requires improvement because:**

- We noted lapsed annual basic life support training and the absence of emergency oxygen.
- However, monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- There was also an open culture in which safety incidents were integral to learning and improvement.
- There were clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse.

## **Safety systems and processes**

### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems in place to enable it to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We noted that locum pharmacists employed via an employment agency had pre employment checks undertaken by the agency but that directly appointed locum pharmacists were only required to complete a self-declaration form confirming they had undertaken a DBS checks and had appropriate safeguarding training and personal indemnity insurance.
- The service had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead and readily accessible Local Authority safeguarding guidance).
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We looked at systems in place to manage infection prevention and control (IPC) risks. An IPC audit had taken place in November 2022 which had confirmed for example that sharps bins were available for safe disposal of sharps.
- We did not see evidence of actions taken to mitigate against risks associated with a bacterium called Legionella (which can proliferate in building water systems).
- However, shortly after our inspection we were advised that an external consultant had attended the premises and undertaken a risk assessment; and that water temperature monitoring had now commenced.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

### **There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention although we noted staff had not undertaken sepsis awareness training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

# Are services safe?

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- We looked at a selection of individual patient records and confirmed these were written and managed in a way that kept patients safe. The patient records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We noted that patients referred via the online phlebotomy service received their test result direct from Lab service A (which provided a test result and doctor led medical interpretation). Patients referred via the private doctor service had their test results sent direct to the private doctor service from Lab service B (test result only) with a doctor interpreting and feeding back the result.
- However, direct walk in patients' test results were in some isolated instances received via Lab service B (test result only) and then interpreted by a clinical pharmacist (amounting to six patients since the service commenced - all with results considered normal/low risk). When we highlighted the potential risks, leaders told us they would immediately cease this approach and that going forward Lab service A would solely be used for this cohort of patients.

## Safe and appropriate use of medicines

### We looked at systems for appropriate and safe handling of medicines.

- We noted the provider kept a defibrillator on site but did not carry emergency medicines or oxygen. Shortly after our inspection we were sent a copy of a formal arrangement drawn up between the provider and the host pharmacy formalising provider access to emergency medicines in the event of a medical emergency. We were also sent evidence confirming that emergency oxygen was now available on site.
- The service did not undertake any prescribing of medicines.
- There were effective protocols for verifying the identity of patients including children.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service had systems in place to ensure learning and improvement took place when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

# Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- Records confirmed that the service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a protocol in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

- The provider assessed needs in line with current evidence-based guidance.
- We saw evidence of quality improvement activity and of how this was used to improve patient safety and clinical effectiveness.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Effective needs assessment, care and treatment**

The provider had systems to keep clinicians up to date with current evidence-based practice.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity.**

- Provider staff had participated in an NHS Pharmacy Quality Scheme and leaders spoke positively about how this had helped improve clinical effectiveness and patient safety. Recent projects had included cancer symptoms awareness training and improvements to safeguarding referral arrangements.

## **Effective staffing**

### **We looked at whether staff had the skills, knowledge and experience to carry out their roles.**

- We noted that blood samples were sent to external accredited laboratories for analysis and that in most instances results were provided with interpretation undertaken by an appropriately qualified medical doctor. However, we saw isolated instances of where results were interpreted by pharmacists.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before undertaking phlebotomy procedures, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

# Are services effective?

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff supported patients to make decisions.



# Are services caring?

## **We rated caring as Good because:**

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.
- The service gave patients timely support and information.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpreting services were available for patients who did not have English as a first language.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility and choice were reflected in how care was delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.
- The service had systems in place to respond appropriately to complaints.

## Responding to and meeting people's needs

### The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- The facilities and premises were appropriate for the services delivered.

## Timely access to the service

### Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Arrangements were in place to allow patients to make contact outside the service's opening times. Patients were advised they could call at any time if they experienced an emergency.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

## Listening and learning from concerns and complaints

### The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The service had a complaints policy and procedures in place although this was not publicised on its website.
- Information about how to make a complaint was available on the premises.
- The service had not received any complaints in the previous 12 months.

# Are services well-led?

## We rated well-led as Good because:

- Leaders strove to deliver motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including the use of clinical audit and peer review.
- Leaders visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Leadership capacity and capability

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

## Vision and strategy

### The service had a clear vision to deliver high quality, patient centred care.

- The lead clinician had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Regular staff meetings took place so as to scrutinise delivery and ensure staff engagement.

## Culture

### The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

# Are services well-led?

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was an effective governance framework, which focused on delivering good quality care. For example:

- Staff were clear on their roles and accountabilities.
- Leaders had established service specific policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw evidence the service had undertaken prompt action to improve governance arrangements for managing Legionella risks.
- However, we noted some aspects of the provider's statement of purpose were aspirational in nature and did not current activity (for example referring to doctor led medical consultations).
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had plans in place for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **We looked at how the service involved patients, staff and external partners to support high-quality sustainable services.**

- The service was not currently undertaking patient surveys due to the low volume nature of the service.
- Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to make improvements.

There were systems to support improvement (for example use of NHS quality improvement systems).